



**Commonwealth of Massachusetts**  
**Office of Consumer Affairs**  
**Division of Professional Licensure**  
**Board of State Examiners of Plumbers and Gas Fitters**  
**239 Causeway Street, Suite 400**  
**Boston, Massachusetts 02114**

**APPLICATION FOR (1-YEAR) TESTING LABORATORY APPROVAL**

\$75.00 application fee – Make check payable to Commonwealth of Massachusetts

**(1) Laboratory Information**

Date: (mm/dd/yyyy)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Lab Director Name: \_\_\_\_\_ Title: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Year lab started: \_\_\_\_\_ Number of satellite or branch laboratories: \_\_\_\_\_ **Attach names & addresses**

Number of employees at laboratory: \_\_\_\_\_

Number of years of higher college degreed professionals at laboratory: \_\_\_\_\_

Note: Attach organizational chart of staff personnel. Check if attached: ☐ **If not, attach explanation**

Check the professional organizations in which the laboratory has membership:

AGA ☐ ANSI ☐ ASME ☐ ASSE ☐ AWWA ☐ CSA ☐ WQA ☐ Other: ☐ **Attach information**

Type of lab approval requested such as plumbing product, gas product, water chemistry analysis, water vending machine, cultured marble, etc. **Attach information**

**(2) Other Approving Agency Information**

List four state and/or municipal organizations that have approved your laboratory as a testing agency.

a.) \_\_\_\_\_ Year first approved: \_\_\_\_\_

b.) \_\_\_\_\_ Year first approved: \_\_\_\_\_

c.) \_\_\_\_\_ Year first approved: \_\_\_\_\_

d.) \_\_\_\_\_ Year first approved: \_\_\_\_\_

Has laboratory approval ever been revoked by any agency? YES NO **YES, attach explanation**

**Attach a list of all laboratory equipment used by the manufacturer, model number, year placed in service, and brief description of what the test equipment does.**

☐ **By checking the box you are certifying under the pains and penalties of perjury that all of the information entered on this application, to include attached documentation, is true and accurate.**

\_\_\_\_\_  
Laboratory Official (please print name)

\_\_\_\_\_  
Signature